

## Aid withdrawal is bringing health service in Gaza to brink of collapse

Chris McGreal *Gaza City*

Palestinian hospitals say that the withdrawal of foreign aid after Hamas's election victory and an Israeli partial blockade of the Gaza Strip is costing lives and driving the health service to the brink of collapse.

Doctors say that a shortage of drugs and equipment has already claimed the lives of patients, and that many hospitals are down to their last emergency supplies of drugs. The crisis has been compounded by the fact that medical staff, along with all 160 000 employees of the Palestinian Authority, have not been paid for nearly three months.

The United States said last week it is to send \$10m (£5.3m; €7.8m) worth of medicines and medical equipment to the Palestinians but that is equivalent only to the health ministry's budget for drugs for two months. Western donors also agreed to resume some financial aid, bypassing the Hamas administration by setting up an internationally administered trust fund.

But it is expected to be weeks before funds are flowing, and foreign governments have described the measure as short term and limited.

The combination of cuts in

aid and a partial Israeli blockade of the Gaza Strip has had a particularly serious impact on hospitals there. The main Gaza city hospital, Shifa, says that it is dangerously short of drugs and other supplies to treat cancer and dialysis patients.

The management says that four people receiving dialysis have died in the past month because the hospital has been forced to reduce the amount of treatment from three times to twice a week, and to cut back on the dose of hormones and minerals that accompany it.

A third of the dialysis machines are awaiting repair or spare parts. The only filters available for the remaining ones are designed for use in treating children and are less effective for adults.

Shifa Hospital's director, Ibrahim al-Habbash, says some cancer patients are no longer receiving chemotherapy because of the shortages and that the hospital has already used up almost all of its strategic three month emergency supply of surgical drugs, such as atropine, adrenaline, and heparin.

Hospitals also report a serious shortage of disposable nee-



ALEXANDER ZEMLANDHOF/AP

Physicians for Human Rights in Israel has warned that the Palestinian health system faces collapse if aid continues to be withheld

dles: "We've had shortages in the past but nothing on this scale," said Dr al-Habbash. "We've had to cut back on operations because of a shortage of anaesthetics and anticoagulant drugs."

The World Health Organization has warned of a "rapid decline of the public health system towards a possible collapse" if the situation continues.

Physicians for Human Rights in Israel has warned that the Palestinian health system faces collapse if aid continues to be withheld. "Ending the funding to the health system will lead to the

death of thousands of people in the short term and to extensive morbidity in the long term," it said.

Foreign aid also helps to pay for treatments abroad that the Palestinian system cannot provide. Last year nearly 20 000 patients were referred for treatment in Israel, Jordan, and Egypt.

"In the event of a total collapse of the Palestinian health ministry, these patients will not receive treatment, because there will be no infrastructure for facilitating the referrals," said Physicians for Human Rights. □

## Poor checks for bedside blood transfusion put patients at risk

Robert Short *London*

Patients having blood transfusion at the bedside continue to be put at risk of getting the wrong blood or of delayed management of adverse reactions, through misidentification and lack of observation.

These were the conclusions from an audit of 8054 transfusion episodes from 217 UK hospitals, carried out by the Royal College of Physicians and the National Blood Service.

This 2005 audit was designed to assess good practice in identify-

ing patients before bedside blood transfusions and to check on progress in reducing risk to patients since the first audit in 2003. Good practice was defined as compliance with the 1999 British Committee for Standards in Haematology guidelines on the administration of blood and the more recent *Health Service Circular 2002/009: Better Blood Transfusion: Appropriate use of Blood*.

In the new audit, 6% of bedside blood transfusions were made when patients had no identifying wristbands. In 9% of those cases in which patients had a wristband, key information was missing. Common reasons for not wearing a wristband were that the patient was "well known" or that it was "not day unit policy," says the report.

Dr Craig Taylor, a consultant haematologist at the National Blood Service and Dudley

Group of Hospitals NHS Trust, West Midlands, UK, is lead clinician for the audit. He stressed, "Correct patient identification is key to patient safety not only in blood transfusion but in drug administration and all other aspects of health care. While lack of a wristband does not mean that a mistake will definitely happen, it does make it more likely."

The audit also examined whether patients had vital signs monitored in the first 30 minutes, when adverse reactions would be most likely to start. The researchers found that 34% of the transfusions were not monitored during the first 30 minutes, and in 15% of the total cases studied no record was made of observation during the transfusion.

A risk assessment score applied to each transfusion episode showed that 0.3% of the 8054 transfusions were at severe

risk, 3% were at high risk, and 15% were at moderate risk.

Although the results of the 2005 audit were not strictly comparable with the 2003 audit, practice does appear to have improved in broad terms, it concludes: fewer patients were found without a wristband (6% compared with 10% in 2003); and fewer were unobserved during the first 30 minutes of transfusion (34% compared with 47% in 2003).

Despite such improvements, the problems identified in 2003 persist, it adds. Notably, untrained nurses continued to give blood transfusions. Training of nurses in blood transfusion remained poor, with only 56% of sites having provided induction training. □

The report is available at [www.blood.co.uk](http://www.blood.co.uk).